

eslicarbazepine (APTIOM)

Diagnosis Considered for Coverage:

- Treatment of partial seizures as monotherapy or adjunctive therapy.

Coverage Criteria:

For diagnosis listed above:

- Dose does not exceed 1600 mg per day, **and**
- Inadequate response or intolerance to two preferred alternatives used for partial seizures.

Coverage Duration: one year

Effective Date: 6/28/2023